

INCRELEX AND IPLEX PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 year

NOTE: *Patients must have been evaluated by an Endocrinologist.*

PA CRITERIA:

- ❖ Approvable for members aged 21 or less with severe primary insulin-like growth factor-1 deficiency
- OR:
- ❖ Members aged 21 or less with growth hormone gene deletion who have developed neutralizing antibodies to growth hormone.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827.**

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.